

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE					
						10652249						
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		IND	DEP	IND	DEP	IND	DEP
	IND	DEP	IND	DEP	IND	DEP						
1	1					51						
2	1					52						
3	1					53						
4	3					54						
5	3					55						
6	1					56						
7	1					57						
8	1					58						
9	3					59						
10	3					60						
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41						91						
42						92						
43						93						
44						94						
45						95						
46						96						
47						97						
48						98						
49						99						
50						100						
TOTAL IND.	2					TOTAL IND.						
TOTAL DEP.	28					TOTAL DEP.						
TOTAL CLAIMS	30					TOTAL CLAIMS						

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS